

Med Team: Daily Rounding Expectations

Be prepared to start pre-rounding and receive sign-out from the night team at 7:00 AM

Seniors must see all patients daily

- If unable to see all patients before rounds, make sure to see them after rounds

Seniors should lead the education for the team by leading topic discussions or assigning discussions

Interns should be familiar with plans for all patients on the service

Seniors and interns are responsible for reviewing orders daily

- Check for orders that can be discontinued (i.e. Foley catheter, IVF, PPI with no indication, etc.)
- Transition IV meds to PO if appropriate
- Consider discontinuing or decreasing the frequency of serial labs
- Adjust medications based on clinical indications (ex. declining renal function, prolonged QTc etc.)

Review the MAR and pay close attention to treatment durations and PRN's

Know patient's vascular access

Patients seen by medical students should also be assigned to an intern

- The intern should *edit the note* and be ready to present the patient on rounds if needed

Be prepared to present patients and do not read your progress note verbatim

Discuss all new consults with the attending and be able to justify your reason for the consult

- You must **CALL** – *don't just Epic Chat message* – for all **URGENT/EMERGENT** consults

Feel free to speak up during rounds, we want to hear your thoughts!

- Ask questions! If you're thinking it, chances are someone else is too.

Rounds should be completed by 11:40 so noon conference can be attended by all residents & interns

Follow-up on all of your patients after rounds/noon conference

- If the census is light, request and prepare for afternoon teaching sessions
- Keep patient's updated of any new results, changes in therapy, or lab/tests you are ordering on them
- When needed, update family and lead family meetings

Seek out direct observations and ask for feedback from your attendings

Many times, key updates/changes/events occur after rounds:

- If the patient was seen and/or orders were placed, *this must be documented*

Run the list with your attending at 4 PM daily to discuss changes and anticipated overnight issues

Sign out daily to the day pager team – if no specific sign-out, let them know that everyone is stable

- See [Policies](#) on for more info on Patient Handoffs and Epic Chat Availability Expectations

Don't leave prior to 5PM on weekdays unless all of the following are completed:

- Patient hand-offs, empty EPIC box & IMC box, read up on cases, MKSAP & HealthStreams up-to-date

If leaving prior to 4PM on weekdays, you must check out with the chief or Dr. Moore